Department of Health
Early Intervention Services

Sustainability Report

Performance Period October 2002 – March 2003

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from October 2002 through March 2003. Data are presented in six performance areas: Enrollment, Service Gaps, Personnel, Training Opportunities, Quality Assurance, and Funding. The status of children in the early intervention system who received internal reviews is reported.

Data are provided on the number of children who were served from October 2002 through March 2003, by island and statewide.

Service gap data provide information on the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide. Possible reasons for service gaps, such as personnel shortages, will be provided, as typically service gaps occur when there are vacant positions.

Personnel information, by island and statewide, is collected to determine whether there are sufficient personnel to serve the eligible population. Personnel data for EIS is divided by their roles: social work, direct service, and central administration positions. Caseload data are provided on the number and percentage of social workers who have weighted caseloads no more than 1:45. Personnel data for Healthy Start staff (central administration positions) are provided.

Training data include the number of early intervention staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. This report provides information on trainings provided by or supported by EIS and Healthy Start.

Information on quality assurance activities for EIS and Healthy Start are provided.

Funding data on appropriations, allocations, and expenditures are also provided.

Enrollment

Early Intervention Section

Monthly enrollment data for infants and toddlers served by EIS from October 2002 through March 2003 are:

Table 1. EIS Monthly Enrollment Data

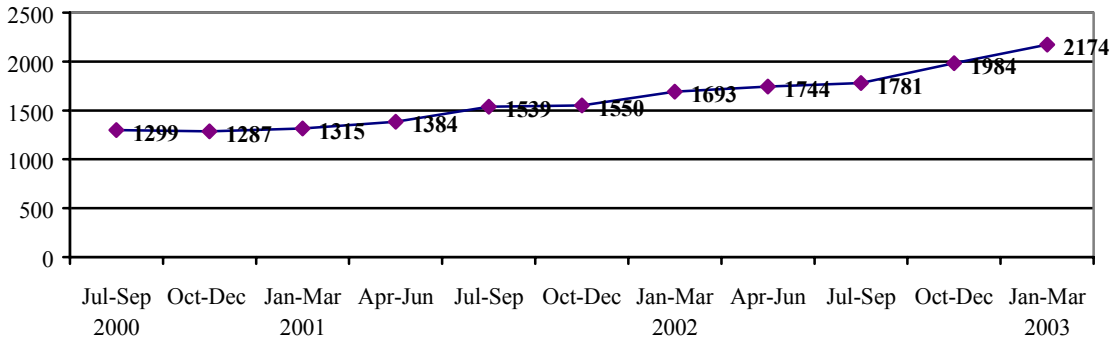
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
October 2002	1959	1369	232	213	112	26	7
November	1968	1366	241	212	114	33	2
December	2024	1428	227	216	116	33	4
January 2003	2099	1476	264	199	125	29	6
February	2164	1503	250	240	124	41	6
March	2259	1589	263	246	115	41	5

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs), Purchase of Service programs, and Public Health Nurses. Numbers provided are best estimates based on available data.

The growth in early intervention can be attributed to the on-going focus and increase in public awareness efforts throughout the state. EIS and early intervention programs regularly participate in health fairs and other community activities. Information on child development and how to access developmental support is provided. Staff also work closely with pediatricians and family practitioners to ensure they are knowledgeable about Part C eligibility and early intervention. In addition, the increased collaboration among all early intervention providers has expanded the knowledge of early intervention statewide. Finally, the expanded hospital screening by Healthy Start providers results in more children who are identified with developmental delays and referred for early intervention services.

The quarterly enrollment (average monthly enrollment for the quarter) since July 2000 shows the increasing trend in number of children served:

Graph 1. EIS Quarterly Enrollment from July 2000 to March 2003



Note: Only partial data from Public Health Nursing Branch (PHNB) is available for July 2000 – June 2001. From July 2001 more complete data was available from PHNB, although numbers are based on best estimates.

A concern was raised in the November 2002 Lanai Monitoring Report regarding the lack of organized presence for early intervention on Lanai, which resulted in children and families not being identified for services. Since the report was published, an action plan was developed collaboratively by the DOH Early Intervention and Public Health Nursing Branch (PHNB), Imua Rehab (the agency contracted to serve infants and toddlers on Lanai), Department of Education (DOE), Molokai Family Support Center, and the Lanai Children's Community Council (CCC), to address and resolve this issue. Included in the action plan were activities (e.g., community meetings and presentations) to increase the knowledge of early intervention. Meetings were held that included all agencies serving infants and toddlers on Lanai, PHNB, DOE, and the CCC; and presentations were made to the CCC, DOE school staff, doctors serving families on Lanai, and other community members. Meetings and presentations are continuing.

The average number of children served on Lanai for the past three fiscal years are: FY 2001 = 4.6 children; FY 2002 = 3.8; and FY 2003 = 4.8. Children currently eligible for Part C services were referred to Imua Rehab by Molokai Family Support, Early Head Start, Public Health Nurses (PHNs), and by self-referral.

A concern was also raised about the need for increased collaboration when newborns transition from Kapiolani Medical Center (KMC) Neonatal Intensive Care Unit (NICU) to neighbor islands. PHNB has had ongoing discussions with KMC regarding timely transitions to public health nurses, statewide. All high risk infants and families on Neighbor Islands will be referred to the PHN. Criteria for referral of infants and toddlers were finalized in June, 2002 by PHNB and KMC, with input from EIS and Med-QUEST. PHNB and EIS continue to meet with KMC to support better hospital to home transitions.

Healthy Start

Monthly enrollment data for infants and toddlers served by Healthy Start for October 2002 through March 2003 are:

Table 2. Healthy Start Active Enrollment Data

Month	Active Enrollment	Island						
		Oahu	East Hawaii	West Hawaii	Maui	Kauai	Molokai	Lanai
October 2002	2969	1998	359	161	288	126	78	28
November	2963	1992	355	165	276	123	77	27
December	2947	1981	365	168	270	124	74	25
January 2003	3039	2003	361	180	280	128	68	19
February	2998	1959	359	187	286	123	68	17
March	3017	1957	360	201	290	124	67	18

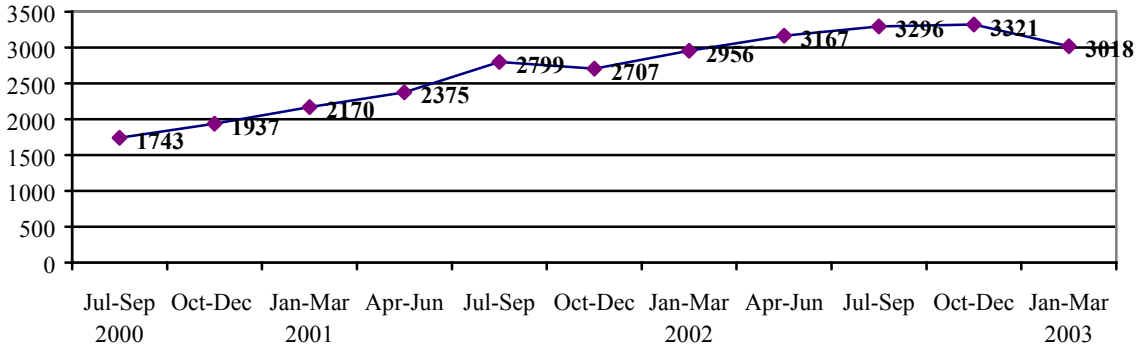
Table 3. Healthy Start New Enrollment Data

Month	New Enrollment	Island						
		Oahu	East Hawaii	West Hawaii	Maui	Kauai	Molokai	Lanai
October 2002	222	166	17	12	19	6	2	0
November	196	144	15	9	20	5	3	0
December	191	124	22	11	14	16	4	0
January 2003	225	146	20	17	24	13	5	0
February	158	108	11	14	13	7	4	1
March	166	122	15	12	11	4	1	1

The most plausible explanation for the decrease in newly enrolled families shown in Table 3 is related to the number of births statewide. From November to December, the number of births decreased by thirty-seven (37). From January through March the number of births decreased by 269 births. With this decrease in births, there was also a corresponding decrease in the number of families eligible for Healthy Start services, thus lowering the number enrolled.

The quarterly enrollment (average monthly enrollment for the quarter) since July 2000 show the increasing trend in number of children served:

Graph 2. Healthy Start Quarterly Enrollment from July 2000 to March 2003.



Note: The numbers for the quarterly enrollment have been corrected to reflect "children" instead of "families", which had been presented in the Sustainability Report for July to September 2002.

Service Gaps

The tables below provide information on the type of service gaps for EIS and Healthy Start for October 2002 – March 2003. Service gaps are divided into two types: full service gaps (Table 4) where no services were provided to the child, partial service gaps (Table 5) where alternative services were provided. Because the majority of the children receive multiple services, when a specific therapist is not available, there is generally a partial service gap, as another therapist using a transdisciplinary format will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there may be a full service gap. When this occurs,

the care coordination typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Table 4. Full Service Gaps by Month

Service Gap	October	November	December	January	February	March
Occupational Therapy	0	0	0	0	0	1 (Hawaii) 2 (Oahu)
Physical Therapy	0	0	0	0	0	2 (Oahu)
Psychological Services	0	0	0	0	0	0
Special Instruction	0	0	0	0	0	0
Speech Therapy	0	2 (Hawaii)	0	1 (Oahu)	0	2 (Hawaii) 1 (Oahu)
Individual Behavioral Support Services	0	0	0	0	0	0
Home Visiting	0	0	0	0	0	0
Developmental Evaluation	0	0	0	0	0	0
Full Gap Total	**0**	**2**	**0**	**1**	**0**	**8**

Table 5. Partial Service Gaps by Month

Service Gap	October	November	December	January	February	March
Occupational Therapy	0	1 (Hawaii)	0	0	0	2 (Oahu)
Physical Therapy	4 (Oahu)	4 (Oahu)	3 (Oahu)	5 (Oahu)	8 (Oahu)	10 (Oahu)
Psychological Services	0	0	0	0	0	0
Special Instruction	1 (Hawaii) 1 (Oahu)	1 (Hawaii)	0	0	0	4 (Oahu)
Speech Therapy	1 (Oahu)	1 (Oahu)	0	0	0	0
Individual Behavioral Support Services	2 (Oahu)	2 (Oahu)	1 (Oahu)	1 (Oahu)	1 (Oahu)	1 (Oahu)
Home Visiting	0	0	0	0	0	0
Developmental Evaluation	0	0	2 (Oahu)	1 (Oahu)	0	0
Partial Gap Total	**9**	**9**	**6**	**7**	**9**	**17**

Services gaps have increased over the past six months, possibly due to both increased numbers of children eligible for early intervention services (see Table 1) and vacancies in direct service staff (see Table 7). As a result of turnover in state staff, there has been more reliance on utilizing fee-for-service providers. However, if a fee-for-service provider is not available or the provider's schedule conflicts with the family's schedule, a service gap may occur. Also, if the child receives services through the transdisciplinary approach and the therapist misses the appointment, the result is a full service gap.

Related to the issue of insufficient staff and service gaps is the federal requirement (IDEA, Part C) to provide services in the family's natural environment. The time required for traveling to families' homes or other community locations reduces the caseload number for therapists that may also result in service gaps. There are also increased requests for weekend and late afternoon services.

EIS and early intervention programs continue to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapy

disciplines, to meet the outcomes listed on the Individualized Family Support Plans (IFSP). However, this service option is not appropriate for all children. Because the children served by the Early Childhood Service Programs typically have multiple needs, they frequently require multiple providers and more intense services. Service decisions are made at the IFSP meetings by the entire team. Additional training in the transdisciplinary service delivery method is needed to ensure that IFSP services are being appropriately provided.

Personnel

Goal: 90% of EIS social work positions are filled.

The EIS has a total of 48 social work positions statewide. Forty-four (44) provide care coordination services. The remaining 4 positions provide administrative functions and are included in the data on administrative positions. At the end of the March 2003, 37 of the 44 social work positions that provide care coordination services, or 84%, were filled, which is below the statewide goal of 90%. However, since the end of March, 2 additional social work positions were filled, for a total of 39 or 89% filled. Of the remaining 5 positions, 3 are recently established temporary positions. Temporary positions are typically more difficult to fill than permanent positions. These positions are budgeted to become permanent as of July 1, 2003. The stability of the social work positions is paramount to the functioning of the early intervention system, as the social workers provide care coordination to eligible infants and toddlers with special needs and their families

The following table provides information on the 44 social work positions that provide care coordination services, by island and statewide:

Table 6. EIS Social Work (SW) Positions Providing Care Coordination, by Island, as of March 2003.

Island	SW Positions – Total #	SW Positions – Filled #	SW Positions – Filled %
Oahu	29	25	86%
Hawaii	7	7	100%
Maui	5	2*	40%*
Kauai	3	3	100%
Total	**44**	**37***	**84%***

* As of April 14, 2003: Four (4) of 5 (80%) Maui positions were filled. Statewide, 39/44 (89%) positions were filled.

Not included in the above table is the social worker/care coordinator for Molokai's Ikaika program. Since the agency does not have a DOH position, Ikaika is provided additional funds in their purchase of service (POS) contract to pay for a 0.5 FTE social worker to provide social work and care coordination services.

Goal: 90% of EIS direct service positions are filled.

The EIS has 43 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and

physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Service Unit program managers and supervisor, as they spend the majority of their time providing administrative supervision and support to program staff. At the end of March 2003, 35 of the 43 direct service positions, or 81%, were filled, not meeting the goal of 90%.

In addition to EIS direct service staff, EIS has over fifty contracts with service providers who support the direct service staff. These contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by program or Purchase of Service staff.

The stability of the EIS direct service providers, however, is critical as the number of contracted providers is insufficient to meet all the needs and very expensive. To support recruitment and retention of staff, upgrades of speech pathologists, occupational therapists and physical therapists were requested, from Level III to Level IV. The upgrade was approved for speech pathologists. However, a review of position responsibilities by the DOH Personnel Office Classification Section determined that neither the OT nor PT met the class specifications for a Level IV position. EIS will continue to look at alternatives and options regarding recruitment and retention issues related to the OT and PT positions.

The following table provides information on the direct service positions statewide and by island:

Table 7. EIS Direct Service Positions by Island, as of March 2003.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	36	30	83%	OT III - 1, PT III - 2, SPED III - 1, SLP IV - 1, PMA - 1
Hawaii	7	5	71%	OT III - 1, SLP IV - 1
Total	**43**	**35**	**81%**	

Note: OT = occupational therapist; PT = physical therapist; SPED = special education teacher; SLP = speech-language pathologist; PMA = paramedical assistant (paraprofessional)

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

The EIS has 48 administrative positions statewide. These positions include unit supervisors and specialists in the areas of contracts, internal monitoring, public awareness and training; computer support staff; accounting staff; and clerical and billing staff. Also included in the count of administrative positions are the Social Worker V who supervises the Family Centered Services Unit social workers who provide care coordination, the two Social Worker II positions who are responsible for the Hawaii Keiki Information Service System (H-KISS), the Social Worker IV on the island of Hawaii who supervises the 7 Hawaii social workers, and the managers and supervisor for the Early Childhood Services

Programs. At the end of March 2003, 47 of the 48 administrative positions, or 98%, were filled, exceeding the goal of 90%.

The following table provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of March 2003.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	44	43	98%	SW II (for H-KISS)
Hawaii	4	4	100%	
Total	**48**	**47**	**98%**	

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include program supervisor; specialists in the areas for quality assurance, data management, and contract management; and clerical and billing staff. At the end of March 2003, all administrative positions were filled.

Goal: 90% of EIS caseloads will be no more than 1:45 weighted caseloads.

Of the 44 EIS social worker positions who provide care coordination services, data is provided on the 37 filled positions at the end of March 2003. Only 20, or 56%, had weighted caseloads no higher than 1:45, very much below the goal of 90%. As discussed in the Sustainability Report for July – September 2002 (February 2003 report), 9 social work positions were established due to the increase in enrollment. Five of the 9 positions were filled as of the end of March.

The "weight" is determined by the number of hours needed per month per family for care coordination and social work services. A child who is "monitoring" receives a weight of 0.25, a child who requires 3-5 hours/month is considered "moderate" and has a weight of 1, and a child who requires 6 or more hours/month of care coordination and social work services is considered "intense" and has a weight of 3. In addition, a weight of 1 is also given to the social worker "liaison" for any child served by an early intervention program whose care coordinator is from another agency (e.g., PHN, Healthy Start). This added weight is critical to ensure that the program social worker has the time to collaborate with the care coordinator.

The following tables show the percentage of EIS social workers with weighted caseloads not more than 45, and projected EIS average caseloads when all the care coordinator positions are filled:

Table 9. EIS Social Workers with Weighted Caseloads Not More than 45, by Island, as of March 2003.

Island	# FTE Social Workers Providing Care Coordination as of March 2003	Number with Weighted Caseload No More than 45	Percentage with Weighted Caseload No More than 45
Oahu	25	12	48%
Hawaii	7	6	86%
Maui	2	0	0%
Kauai	3	3	100%
Total	**37**	**20**	**56%**

Table 10. Projected EIS Average Caseloads When All the Social Work Positions are Filled

Island	# FTE Social Worker Positions for Care Coordination	# FTE Social Worker Positions for Care Coordination	Total Weighted Caseload*	Average Caseload (Projected)
Oahu	29	26.75	1358.50	51
Hawaii	7	7.00	246.50	35**
Maui & Lanai	5	4.10	183.00	45
Kauai	3	3.00	122.25	41

* Total weighted caseload as of March 2003.
** There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, North Hawaii.

As apparent from current data, there are concerns for both Oahu and Maui. However, since the end of March, the 3 unfilled social work positions on Maui were filled. Depending on the time needed for training, the filling of all the Maui positions should impact the number and percentage of social workers within the approved ratio by the next reporting period.

There are 5 programs on Oahu that exceed the approved weighted caseload, EIS, Kapiolani Medical Center Mobile Team, and Lanakila, Leeward, and Wahiawa Early Childhood Services Programs. The vacant 4 positions are located at Kapiolani Medical Center Mobile Team, and Lanakila, Leeward, and Wahiawa Early Childhood Services Programs. Each of these programs has only 1 of their 2 social work positions filled. However, as indicated in Table 10, even with if all positions were filled, the average would still be 1:51, above the approved ratio of 1:45.

A concern is the EIS main office on Oahu where all 15 social work positions are filled, but only 6 are within the approved weighted caseload ratio. The average caseload is 1:48.

PHNs also provide care coordination to infants and toddlers with special needs, specifically those with medical concerns. The December 2002 child count showed that the PHNs provided care coordination to 552 infants and toddlers with special needs. The numbers of infants and toddlers requiring care coordination from PHNB (based upon Dec. 1 child count, 12/1/00 = 494; 12/1/01 = 510; 12/1/02 = 552) has increased. A meeting will be scheduled to discuss available options, since the bill to appropriate funding for additional positions was not approved.

Training Opportunities

Early Intervention Section

Training provided and/or financially supported by EIS from October 2002 through March 2003 impacted 896 early interventionists, community preschool and DOE preschool special education teachers. In addition, 64 family members and 8 Hawaii Family as Allies parent partners attended trainings. Childcare reimbursement was available and provided to support the attendance of families. Following is a list of the training topics and the number of attendees.

- **Transition:** The STEPS (Sequenced Transition to Education in the Public Schools) Annual Conference on Transition provided an update on transition activities and impacted 70 individuals. Included in the conference were representatives from EIS, DOE preschool special education, Head Start, Healthy Start, and community preschools. Two family members also attended. Additional trainings for community STEPS teams in Waianae, Honolulu, and Maui impacted 70 additional individuals.

- **Early Intervention Orientation:** There has been an increased focus on providing all early intervention providers with information on Individuals with Disabilities Education Act (IDEA) Part C as well as Hawaii's implementation of IDEA to ensure that all providers have common knowledge of the law and their responsibilities in implementing the law. Three hundred eighteen (318) individuals attended early intervention orientations. Orientation content included an overview of IDEA Part C, the Hawaii Early Intervention State Plan, information on the IFSP process and procedural requirements, and transition. Attendees included EIS staff, staff of Purchase of Service (POS) programs, Early Head Start staff, and University of Hawaii MSW graduate students.

- **Supporting Children with Challenging Behaviors:** Staff from the Keiki Care and Inclusion Projects are regularly requested to provide training on practical approaches to supporting children with challenging behaviors. One hundred ninety-six (196) early interventionists, community early childhood educators, PHNs, and DOE special education preschool staff attended these trainings, as well as 9 parents and 8 Hawaii Family as Allies parent partners.

- **Inclusion:** Forty-nine community preschool and DOE preschool special educators were trained on how to successfully include children with special needs in community settings and how to write Individualized Educational Programs (IEPs) for inclusive settings.

In addition to the above trainings provided by EIS staff, EIS provided funding to support early interventionists and families to attend the following conferences and workshops during the past six months. Included were:

- **Early Childhood Conference:** EIS both co-sponsored this conference and provided financial support to 32 staff and 22 family members to attend this conference.

- **Pac Rim Conference:** EIS co-sponsored this conference and provided financial support to 37 staff and 12 family members to attend.

- **Learning and Growing with Families:** Because of the popularity of this workshop, EIS arranged for it to be presented on Maui and Kona, as well as 2 separate presentations on Oahu. A total of 40 staff and 3 family members attended.

- **Every Child Deserves a Medical Home:** EIS supported 13 staff, 13 family members, and 3 Hawaii Early Intervention Coordination Council members to attend this conference.

- **Other Workshops:** To support their provision of early intervention services, a total of 8 staff attended the following workshops: Micronesians – Journey to Understanding; Sensory Integration for Early Intervention; and, Mediated Learning for Early Childhood E`ducators.

PHNB works collaboratively with EIS in providing training for PHNB staff related to IDEA, Part C and its implementation. An Orientation Program, which includes training on all aspects of IDEA, Part C, is provided to all new PHNs within 6 months of their hire. An orientation manual is provided. Retraining sessions for current staff are also provided.

Healthy Start

The following training was provided for Healthy Start program staff under the Healthy Start Training & Technical Assistance Contract.

- **Basic Training:** Basic training builds on the knowledge and skills first introduced in Core training. Attendees may include Family Support Workers, Family Assessment Workers, Clinical Supervisors, Child Development Specialists and Clinical Specialists. Dates were from October 8 through December 2, 2002, with 26 different topics covered including domestic violence, substance abuse, and dynamics of child abuse and neglect with the number of participants ranging from twelve to forty-two.

- **IFSP Training:** 28 Family Support Workers, 3 Clinical Supervisors, and 1 Child Development Specialist attended two (2) two-days sessions on how to develop a successful and complete Individual Family Support Plan with families.

- **Family Assessment Worker (FAW)/Supervisor Core:** 5 newly employed Family Assessment Workers attended this four-day training that covers the core tasks and responsibilities of the family assessment worker in conducting Early Identification interviews to accurately and successfully identify participants who quality for Healthy Start. In addition, 3 new FAW Clinical Supervisors also attended a fifth day covering the basic aspects of FAW supervision.

- **Family Support Worker (FSW)/Supervisor Core:** 15 newly employed Family Support Workers attended this four-day training that covers the core tasks and responsibilities of the family support worker position within the home visiting

program. In addition, 4 new FSW Clinical Supervisors also attended a fifth day covering the basic aspects of FSW supervision. An additional session was held on the Big Island with 8 Family Assessment Workers, 2 Clinical Supervisors, and 1 Clinical Specialist in attendance.

- **Clinical Supervisor Core:** 5 newly employed Clinical Supervisors attended this three-day training that covers the core tasks and responsibilities of supervision within the home visiting program.

- **Advanced Family Assessment Worker Training:** 16 senior Family Assessment Workers attended this two-day training aimed at further developing the skills necessary for identifying and referring at-risk families.

- **Advanced Family Support Worker Training:** This two-day training aimed at further developing the skills necessary for being an effective Family Support Worker. 22 Family Support Workers, 2 Clinical Supervisors, and 1 Site Manager attended on Oahu; 13 Family Support Workers and 2 Clinical Supervisors attended on Maui; 23 Family Support Workers, 4 Clinical Supervisors, and 1 Clinical Specialist attended on Hawai'i; and, 6 Family Support Workers, 1 Clinical Supervisors, 1 Clinical Specialist, and 1 Family Assessment Worker attended on Molokai.

- **Advanced Supervisor Training:** 10 Clinical Supervisors and 1 Case Manager attended this two-day training on more advanced critical aspects of supervising FSWs.

- **Family Assessment Worker Focus Groups:** Two half-day focus groups were held on December 15th. The first had fifteen participants and discussed family acceptance. The second had thirteen participants and discussed enhancing family engagement.

Quality Assurance

Early Intervention Section

EIS has a 3-prong approach to quality assurance (QA):

1. **Internal Program Improvement.** Each program is responsible to develop an internal program quality assurance plan to support program improvement. The plan is based on survey results of families, care coordinators, and providers, and a program self-assessment. Survey and self-assessment questions were developed to be consistent with IDEA Part C and program contractual requirements. Each QA plan is reviewed and approved by EIS. All programs are in the process of developing their internal program quality assurance plan.

2. **On-Site Monitoring.** EIS has state teams to monitor all early intervention programs (both DOH and POS programs). Monitoring includes:

- Program & Contractual Requirements. Each agency's policies and procedures are reviewed to evaluate whether they are consistent with program and contractual requirements as well as federal standards (e.g., Occupational Health and Safety Administration standards, American with Disabilities Act, drug-free policies, etc.). A sample of personnel records and security/storage protocol of confidential information are reviewed.

- IDEA, Part C Requirements. A sample of child charts are evaluated on a variety of indicators including: meeting IDEA timelines; inclusion of evaluation reports, IFSPs, consents, and progress/anecdotal notes in each chart; and, confirmation that information on procedural safeguards was provided to each family. IFSPs are reviewed utilizing a checklist to ensure that they include all required components, including a transition plan if appropriate and completion of transition activities (based on the child's age). In addition to the chart review, an "IDEA Requirements Checklist" is completed to determine if programs have policies and procedures consistent with IDEA Part C.

- Internal Program Quality Assurance Plan. The program's QA plan is reviewed and compared with the monitoring results for consistency. The monitoring report includes information from this plan as well as from the on-site monitoring.

Seven programs were monitored during the October 2002 to March 2003 period. Monitoring results are being reviewed and reports written. Information on the monitoring results will be provided to each program on their strengths, areas of recommended improvement, and areas in need of a corrective action plan. A summary of the strengths and needs will be included in the next quarterly report.

3. **Internal Service Testing.** Service testing provides the opportunity for an objective observation of the child's progress and to what extent the system supports the child and family.

For the school year 2002 – 2003, 37 Part C eligible children from 30 complexes were service tested. Twenty children (54%) were care coordinated by an early intervention program (DOH or POS); seventeen (46%) were care coordinated by PHNs. All 37 (100%) were found to be acceptable in overall child status. Thirty-four (92%) were found to be acceptable in overall system performance.

Strengths identified by the reviewers included:

- Good understanding of the child and family situation.
- Primary caregiver is very committed to the well-being of the child and is the child's strongest advocate.
- Excellent collaboration between family and providers.
- Care coordinator has been instrumental in assisting family with concerns and situations independent of the child being served.
- Assessments are being done continuously to ensure efficient, effective delivery of service.
- Although team involvement is quite extensive, services do not appear to be duplicated, and are being effectively delivered.

Areas of concern identified by the reviewers included:

- Lack of communication among team members.
- Lack of additional support for primary caregiver.
- Lack of opportunity for the child to interact with other typically developing children.
- IFSP does not accurately reflect the work being done with child and family.
- No clear long-term guiding view that directs services toward achievement of key outcomes.
- Transition planning less than 90 days prior to child turning three.

Information on areas of strength and concerns will be shared with all programs that participated in the review. However, because the consent signed by parents promises confidentiality, agency-specific concerns cannot be shared. EIS is reviewing options on how additional information can be shared without breaking confidentiality, to support program improvement.

Future service testing is expected to include at least one child from each complex.

Included in the biennium budget are 5 positions to support statewide and programmatic quality assurance activities. The positions are expected to be located in: Hilo, to support the 3 Hawaii programs and Kauai's early intervention program; Maui, to support Maui County programs; and 3 on Oahu to support Oahu programs. The positions will be under administrative and/or technical supervision of the Child & Youth Specialist V for quality assurance and program monitoring (Special Initiatives Unit), and will also support statewide monitoring and service testing efforts.

Healthy Start

There are a number of factors that impact rates. First and foremost is the fact that participation is voluntary. Families can and do refuse screens, assessments, and services. While yearly birth rates have remained relatively stable for the past number of years, monthly birth rates do fluctuate. Staff turnover remains an issue for POS providers. Further, training must occur before new staff is fully competent. Finally, hospitals vary in the type of restrictions placed on screening/assessment practices, especially in light of the Health Insurance Portability and Accountability Act (1996) privacy compliance deadline of April 14, 2003.

In the past, POS providers have been individually responsible for designing and implementing a Quality Improvement Plan. Strategies for engagement and retention varied. This is advisable given the needs and demographics of the various communities. Impact of outcomes also varied. In general, the neighbor islands have been more successful in improving rates than Oah'u. For example, Child and Family Service, through its Kaua'i Healthy Start Early Identification (EID) Program, has developed intake protocols that are designed to encourage families to accept services. Quality assurance procedures include analysis of service delivery, acceptance and refusal rates, and improvement targets. Other strategies include improved coordination with

obstetricians/pediatricians and linkages with other community resources/services/ professionals.

Hawai'i Healthy Start recently initiated an EID committee to support best practice and quality improvement policies and procedures statewide. First, varying strategies have been identified. Second, strategies selected as the most viable are being compiled into an EID Quality Improvement Plan. In relation to Title V reporting and state goals, a baseline figure for EID has been set with increments for yearly improvement to reach the goal of 90% by 2005. Implementation is to begin July 1st with the start of the new state fiscal year. The Quality Assurance Specialist will monitor progress and recommend specific quality improvement strategies and activities for those POS providers not meeting expectations.

In addition, Hawai'i Healthy Start has revised the statewide training plan to be more incremental and on-going so that staff are not away from responsibilities for prolonged periods. Training will also include strong emphasis on engagement, retention, and creative outreach. Other issues such as the working relationship with EIS and NICU babies are being analyzed in order to strategize on clearly delineated policies and procedures for quality improvement.

Funding

Early Intervention Section

A total of $7,694,737 in state funds was appropriated for FY 2003 and $8,064,737 was allocated for the year (difference due to collective bargaining). The majority of the first quarter allocation supported POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter*
1st quarter – Jul.-Sept..2002	4,388,046	4,388,046	4,454,908
2nd quarter – Oct.-Dec. 2002	982,682	5,370,728	5,485,221
3rd quarter – Jan.-Mar. 2003	1,614,500	6,985,228	6,821,474**

* Source: Financial Accounting and Management Information System (FAMIS) report.
** Information as of 2/28/03.

In addition to state funds, EIS received federal Part C funds of $2,043,288 to support the provision of early intervention services.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter*
1st quarter – Jul.-Sept..2002	968,112	968,112	957,253
2nd quarter – Oct.-Dec. 2002	417,000	1,385,112	1,292,707
3rd quarter – Jan.-Mar. 2003	417,000	1,802,112	1,205,819**

* Source: FAMIS report.
** Information as of 2/28/03.

Healthy Start

A total of $21,689,277 in state funds was appropriated for FY 2003 and $21,721,338 was allocated for the year (difference due to collective bargaining). The following table shows allocations and expenditures/encumbrances:

Table 11. Healthy Start Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation To End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter*
1st quarter – Jul.-Sept. 2002	21,456,994	21,456,994	21,288,724
2nd quarter – Oct.-Dec. 2002	88,114	21,545,108	21,380,322
3rd quarter – Jan.-Mar. 2003	88,115	21,633,223	21,505,008**

* Source: FAMIS report.
** Information as of 2/28/03.

Summary

Strengths in the early intervention system from October 2002 through March 2003 include:

- ⇨ Increased enrollment for both infants and toddlers with developmental delays and environmental risks.
- ⇨ Continued focus on training early intervention providers to ensure they are both knowledgeable of IDEA Part C and are following federal and state mandates in serving Part C eligible infants and toddlers.
- ⇨ Additional training to DOE preschool and community preschool providers to increase collaboration with early intervention providers.
- ⇨ Implementation of quality assurance and monitoring activities.
- ⇨ Focus on problem-solving areas of concern, such as "early intervention presence" on Lanai, hospital-home transition, and service options to meet the increased number of eligible children.
- ⇨ Excellent child progress and system performance as identified by the service testing results.

The major area of concern for EIS is the increased number of service gaps that appear to result, in part, from increased enrollment and personnel shortages. The concern noted in the previous report, the low percent of weighted caseloads within the approved range, is a continued concern, since it appears that even with the additional social work positions the caseload ratio is above the 1:45 caseload standard. A financial concern is that EIS has a budget shortfall projected for this fiscal year and the following year. DOH has identified funds that will be transferred to EIS to meet the current shortfall. DOH is committed to ensuring that future needs of this population will be met and is working closely with EIS on available options.